

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0051134

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 374

374

Primary Registration District No. 6274

6274

Registrar's No. 27

27

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JAN 10 1964

1. PLACE OF DEATH

a. COUNTY

Worth County

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Middlefork township 57 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

South East

Length of stay in 1b

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Worth

c. CITY

Grant City

d. STREET ADDRESS

South East of Grant City

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Elmer Walter

Mercer

4. DATE OF DEATH

Month

Day

Year

October 4 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/27/1881

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months 3 Days 17

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farming

10b. KIND OF BUSINESS OR INDUSTRY

farming

11. BIRTHPLACE (City and state or country)

Clearfield Iowa

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Oscar Mercer

13b. MOTHER'S MAIDEN NAME

Ella Bell

14. NAME OF HUSBAND OR WIFE

Lula Mercer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no none

16. SOCIAL SECURITY NO.

[redacted]

17. INFORMANT

Mrs Lula Mercer Grant City Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis, generalized

with Parkinsons Syndrome

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Sept 63

Oct 4 63

and last saw him alive on

Oct 3 63

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank B. Matthews

22b. ADDRESS

Grant City, Mo

22c. DATE SIGNED

10/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/6/1963

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

Grant City Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

John Andrews Grant City Missouri

25. DATE RECD. BY LOCAL REG.

January 14-1964

26. REGISTRAR'S SIGNATURE

Kate E. Dawson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

4-21-65

Walter Mercer

3 Elmer Mercer

BY AFFIDAVIT OF Funeral Home

AUG 26 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Winifred S. Colville*

Licensed Embalmer No.

*4716*

P. O. Address

*Grant City, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.